

**C. M. A. Committee on Public Health Education Is Coöperating.**—Reports in this year's *Pre-Convention Bulletin* pointed out the value of county fairs as vehicles through which public health education could be carried on; the suggestion receiving favorable consideration by the Reference Committee at Del Monte. The recommendation was also considered by the Committee on Public Health Education, that body earmarking an appropriation for transportation costs of exhibits, films and other accessories. The work, therefore, may be said to be under way in California. All that is now needed is the further coöperation of the various county medical societies. For its inspirational value, the story of the recent Tehama County Fair, held at Red Bluff, is here outlined.

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**Tehama County Pioneers With a County Fair Exhibit.**—It is gratifying to report that to the smallest component society in the California Medical Association (Tehama Society has only ten members) falls the honor of not only being probably the first to present a Public Health Exhibit at a county fair, but also to have demonstrated that this line of education can be carried through in most successful manner.

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**The Tehama County Society Experience.**—The Tehama County Fair was scheduled to be held June 12-14 (for three days, Friday to Saturday, inclusive). During a visit to San Francisco by Dr. R. G. Frey, president of the Tehama County Medical Society, the suggestion was made by the Association Secretary that the Tehama County Medical Society might perform a real service if it would sponsor a Public Health Exhibit at the county fair then scheduled to begin in a few weeks. Correspondence ensued, and the following results may now be chronicled:

Doctor Frey, without cost, secured an allocation of space in the Fair building from the board of supervisors;

Persuaded a lumber firm to supply material and construct a film booth;

Another citizen to donate the use of chairs;

A large corporation to lend the use of its film projecting apparatus, and the services of an employee on each afternoon and evening to operate the lantern;

Also to have one of the hospitals place a nurse in attendance at the exhibit booths (California Medical Association Golden Gate Cancer exhibit plus two American Medical Association exhibits), and so on.

When the loud speaker announced that the films were about to be shown (three public health strips), people could be seen leaving the stock pavilions for the exhibit building (almost a quarter of a mile distant!). Audiences showed real interest.

The value of the favorable press notices in the local newspapers is hard to estimate.\*

As an immediate aftermath, film portrayals were given before a goodly audience of a fraternal order,

and requests were received from three service and and other clubs.

The expense to the county society? Probably not more than ten to fifteen dollars!

Contemplate, for a moment, the returns in community good-will for that small amount of money by the county society (the California Medical Association paying transportation charges on shipments of exhibit and other material).

The moral? What Tehama County Medical Society has been able to accomplish should be possible of duplication by other component county units.

Why not urge officers of your own county unit to appoint a County Fair Public Health Committee, its chairman to communicate with the Association Secretary, in line with letters already sent to each county society? Why wait until next year? Today is the time to begin!

#### ANNUAL SESSIONS: A. M. A. AND C. M. A.

**Important Actions by A. M. A. House of Delegates.**—The annual sessions of the American and California Medical associations usually convene within two or three weeks of one another, the constituent state unit for California setting its convention days so as to have at least a two weeks' interval, in order that California Medical Association members, who wish to attend the national organization meetings, may have a better opportunity to arrange convenient travel schedules. At the recent Cleveland session of the American Medical Association, California was listed as having a total of 204 registrants, a very creditable showing when distance and time necessary for travel are taken into consideration. At the Cleveland session of the American Medical Association, business of considerable importance was transacted as may be noted:

**Medical Preparedness.**—Naturally, matters related to medical preparedness received special attention, and the reports concerning the manner in which the American Medical Association—acting not only for itself, but also for its constituent state associations and their component county units—has been of real aid to the military services, were most illuminating. Certainly, the citizens of the United States have reason to be grateful for the important services that have been and are being rendered by the physicians in every state of the Union, both in their individual and collective relationships, and for both Selective Service and active military work.

**Deferments of Medical Students.**—It is heartening to know that the problem of deferments for medical students and interns is being solved in quite satisfactory fashion, and that no serious damage will be done to the existing system of medical education and training, the standards of which must be maintained if adequate service is to be made available at all times for citizens in both military and civilian rôles.

**Medical Services by Hospitalization Organizations.**—A resolution was presented by the California Medical Association, through its Council, designed to instruct the American Medical Asso-

\* See news item on page 45.

ciation Board of Trustees to appoint a committee of the American Medical Association to confer with similar committees of the national hospital organizations. Action of the American Medical Association House of Delegates:

The proposal to have the conjoint committees to study and submit reports to their respective national bodies in which would be outlined platforms or principles designed to clarify the relation of medical services that may be offered in prepayment hospitalization and similar plans, the same to be in line with the basic principles laid down in the past by the House of Delegates and other authorities of the American Medical Association, was approved by your reference committee, which recommends its adoption.\*

*Indictment and Trial of American Medical Association.*—Equally interesting was the action taken on the Report of the Board of Trustees, considered in executive session, and dealing with the indictment and trial of the American Medical Association, et al. It was stated therein:

The Board of Trustees recommends to the House of Delegates that counsel for the American Medical Association be requested and directed to appeal the judgment based on the verdict of guilty against the American Medical Association in the case of *United States vs. American Medical Association et al.*, District Court of the United States for the District of Columbia, No. 63221.

Action taken was

that the House of Delegates heartily approve and commend this report of the Board of Trustees, and the motion was duly seconded.

Dr. T. K. Gruber, Michigan, moved that Doctor Taylor's motion be amended by adding to it the statement that the Board of Trustees be instructed by the House of Delegates to direct counsel for the American Medical Association to appeal the judgment, based on the verdict of guilty, against the American Medical Association in the case of *United States vs. American Medical Association, et al.*, District Court of the United States for the District of Columbia, No. 63221, and the amendment was accepted by Doctor Taylor and his second.

After discussion, Doctor Taylor's motion as amended was carried by a rising vote, there being not one dissenting vote.

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**Actions Taken by C. M. A. House of Delegates.**—The minutes of the C. M. A. House of Delegates appeared on pages 310-342 of the June issue of CALIFORNIA AND WESTERN MEDICINE. Members of the California Medical Association who scanned or read the record of the proceedings at Del Monte are able, therefore, to visualize the many important problems confronting the medical profession in California, and also the manner in which the Reference Committees and the members of the House sought to clarify the issues involved. The reports of the three reference committees should be read by all members and the June issue may well be laid aside for such a purpose. If actions taken at Del Monte are not in accord with local outlooks or needs, members should feel free to bring such items up for further discussion in meetings of their respective county societies. If that is done, it should be possible to secure unified and generous support on pertinent issues. Mention is here made of some of the special matters considered at Del Monte:

*State Association Dues of Members in Active Military Service.*—Dues of members in active mili-

tary service will be paid by the California Medical Association, as loans, pending action on an amendment to the Constitution to be considered at next year's annual session (June CALIFORNIA AND WESTERN MEDICINE, pages 328 and 315).

*Dues of New Members.*—Dues of physicians elected to membership on or after July 1 of a calendar year, will hereafter be one-half the annual dues of that year.

*Fund Established for Needy Members.*—The House of Delegates instructed the Council "to transfer from the general funds of the Association to this special fund for aid to needy members a sum equal to \$1 per each and every active member of the Association."

*Coordinating Committees for California Physicians' Service.*—The House directed the Council to promote the appointment of "Coordinating Committees" by county medical societies, to cooperate with California Physicians' Service, as explained in a substitute resolution of Reference Committee No. 3 (June CALIFORNIA AND WESTERN MEDICINE, page 333).

*Medical Services Rendered Through Hospitalization Organizations.*—Resolution No. 14 (June CALIFORNIA AND WESTERN MEDICINE, page 341), dealing with medical services afforded by hospitalization organizations gave certain instructions to the Council. The Council, through a special committee, after conference with interested groups, requested the California Medical Association delegates to the American Medical Association to submit a resolution that had been drafted by the special committee, providing for a clarification of the issues involved, through possible conjoint action by the national medical and hospital organizations (see *Journal of the American Medical Association*, June 14, 1941, page 2700; and June 21, 1941, page 2785).

*Promotion of National Physicians' Service.*—By unanimous consent of the members of the California Medical Association House of Delegates, the component county societies are urged to further the work of the National Physicians' Committee for the Extension of Medical Services (June CALIFORNIA AND WESTERN MEDICINE, page 341).

*Public Health Education Through State and County Fairs.*—Public Health Education, through utilization of the facilities of state and county fairs—fields of service hitherto not used in California—was approved by the House, and the California Medical Association Committee on Public Health Education, in line therewith, has earmarked a fund to begin this work.

*History of the California Medical Association.*—The long neglected collection of historical data (it is a sad fact that the California Medical Association is woefully lacking in historical memorabilia) was taken out of the "filing alcoves of forgotten things" and given approval (June CALIFORNIA AND WESTERN MEDICINE, page 325).

The above (and these are only a few of the matters considered at Del Monte), are referred to because of their special importance.

In due course, the attention of component county societies and members will be called to other items.

\* See J. A. M. A., June 21, 1941, page 2792.